MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/565448	01-20-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3				/			53						
4				/			54						
5				/			55						
6				/			56				/		
7				/			57			/			
8				/			58						
9				/			59						
10				/			60						
11				/			61						
12				/			62						
13			/	/			63						
14				/			64						
15				/			65			/			
16				/			66				/		
17				/			67			/			
18				/			68						
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21				/			71						
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32				/			82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37				/			87						
38				/			88						
39				/			89						
40				/			90						
41				/			91						
42			/	/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	63	←		←
TOTAL CLAIMS							TOTAL CLAIMS			70			

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